Admission Date: Emmanuel Preschool & Rainbow Room Enrollment Form Discharge Date:

Please note that ***every*** field below must be filled in to ensure we have a complete form. Thank you!

Child's given name:	Birth date:
Address (Street, City, State, Zip Code):	
E-mail (s) address for Buzz Book:	
Phone # (s) for Buzz Book:	

Identifying Information:

Parent/Caregiver's name:	Primary phone:
E-mail:	
Parent's Address	☐ check if same as child
School/Employer:	
Employer's address (Street, City, State, Zip Code):	
Work/school Schedule:	Office phone:

Parent/Caregiver's name:	Primary phone:
E-mail:	
Parent's Address:	☐ check if same as child
School/Employer:	
School/Employer's address (Street, City, State, Zip Code):	
Work/school Schedule:	Office phone:

Emergency Contact & People authorized to take child from facility other than parent/caregiver
(at least one Emergency Contact is required)**:**

Name:	Relationship to child:
Address:	phone:
Name:	Relationship to child:
Address:	phone:

Allergy Information

Does your child have any allergies requiring food modifications or an epi pen? Yes ☐ No ☐ If yes, please explain and attach an action plan:

Admission Date: Emmanuel Preschool & Rainbow Room Enrollment Form Discharge Date:

Authorization for Emergency Medical Care:

I understand that I will be notified at once in the event of a medical emergency with my child, and I will make arrangements for medial care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Emmanuel Preschool to contact the following:

Doctor/Clinic:	Telephone:
Preferred hospital:	Telephone:

Parent/Caregiver Comments (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, SIBLINGS, HABITS, INDIVIDUAL NEEDS:

Ethnic and Race Information (You are not required to answer this section)

Are you of Hispanic or Latino Origin ☐ Yes ☐ No

What is your race? Select one or more.	**☐ American Indian or Alaskan Native**	**☐ Asian**	**☐ Black or African**	**☐ Native Hawaiian or other Pacific Islander**	**☐ White**

Program Preference (All students must be the minimum age by Sept 30 or in the case of the Rainbow Room, 2 years old the month they start):

2 year olds: Monday/Wednesday Rainbow Room:_____

Tuesday/Thursday Rainbow Room: _____

3 year olds: 2-Day Red Room (Tuesday, Thursday): _____

3-Day Red Room (Monday, Wednesday, Friday): _____

4-5 year olds: 4-Day Yellow Room (Monday-Thursday):

4-5 year olds: 5-Day Blue Room (Monday-Friday): _____

Desired enrollment date:

Admission Date: Emmanuel Preschool & Rainbow Room Enrollment Form Discharge Date:

Acknowledgements:

A	I have received a copy of this facilities policies pertaining to the admission, care and discharge or children (Parent Handbook)	Parent/Guardian Initials
B	I have been informed that a copy of the licensing rules for childcare home or the licensing rules for group child care home and centers is available at this facility for review.	Parent/Guardian Initials
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.	Parent/Guardian Initials
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	Parent/Guardian Initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or medical exemptions from immunizations.	Parent/Guardian Initials
F	I ( ) do or ( ) do not give consent for my child to take part in field trips or excursions with Emmanuel Preschool under proper supervision. It is my understanding that I will be notified when such trips are planned, except for walking trips near the Preschool.	Parent/Guardian Initials
G	I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the Preschool for whom an immunization exemption has been filed.	Parent/Guardian Initials
H	I ( ) do or ( ) do not give consent for my child to have his/her photo taken for classroom projects and for sharing on the private Emmanuel Preschool Facebook page.	Parent/Guardian Initials

Parent/Legal Guardian Signature: Date:

First Annual Update	Parent/Legal Guardian Signature:	Date:
Second Annual Update	Parent/Legal Guardian Signature:	Date:
Third Annual Update	Parent/Legal Guardian Signature:	Date:
Fourth Annual Update	Parent/Legal Guardian Signature:	Date:

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.